

PSYCHIATRY

Handwritten Note

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Name: _____

Subject: _____

Psychiatry

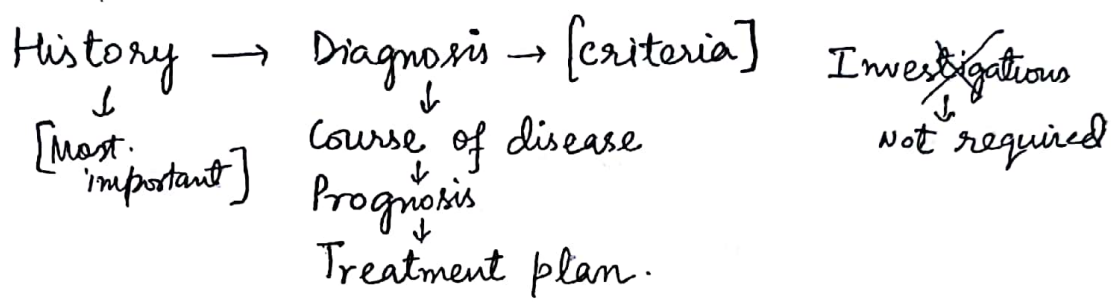


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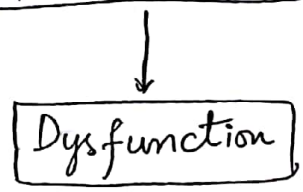
Psychiatry - Termed by Johann Riel

↳ [Treating the soul]

Modern Psychiatry - Father is Philippe Pinel



Symptom + Duration



Anhedonia → Loss of interest in previously enjoyable activities/life.
(Sadness)

Most commonest criteria of Schizophrenia - Psychomotor Retardation

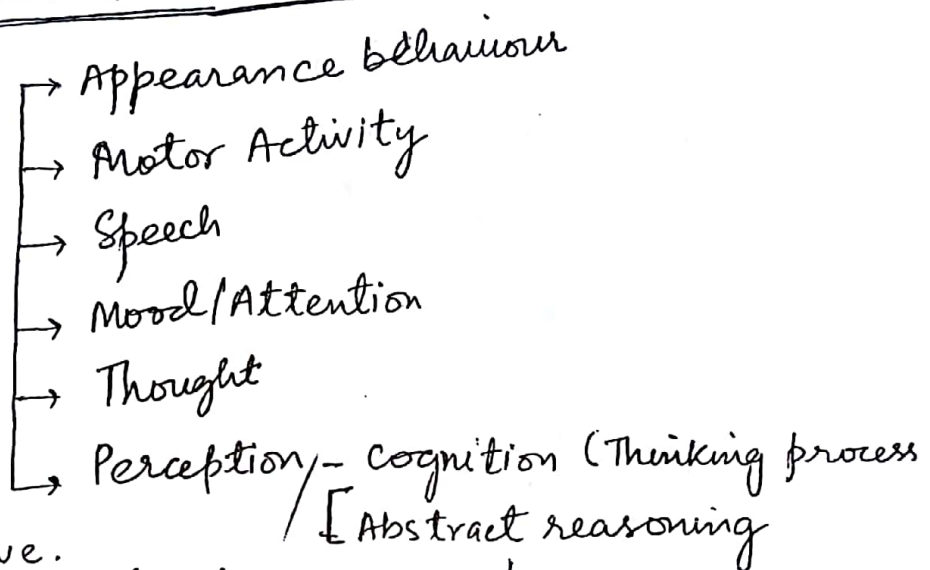
Dysthymia ≥ 2 years

Dysfunction → impaired or abnormal functioning

Conflict alone or Social deviance is not a diagnosis of a mental disorder.

H/o marriage → Good Prognosis

Mental Status Examination



Not exclusive.

2 or more elements
may co exist
together

[Abstract reasoning

↓
Judgment

↓
Insight]

Insight ⇒ awareness of illness

4 levels Level I - Patient doesn't agree about illness

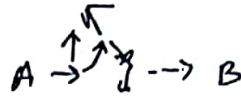
Level II - (+/-)

Level III - Medical illness (agree)

Level IV - Intellectual insight


Level V - Emotional insight → fully agrees & executes treatment

DISORGANISED SPEECH




Loss of association → Incoherence, Incoherent talking.

Derailment → A ↘ → B [direction is lost]

Tangentiality →  [Touching the answer but not what was required]

Neologism → creating one's own language.

Verbigeration →  Senseless Repeating of words or phrases

[Neologism is one of the specific signs of 'Schizophrenia' & Psychosis]

② Content

[Delusion is disorder of thought & content]

Delusion → False belief
 → Firm/fixed
 → outkeeping educational + Cultural background
 → morbid origin - (Illogical)

↓
 [Morbid Jealousy → Othello Syndrome
 ↓
 Alcohol → D-Infidelity
 ↓
 Impotence]

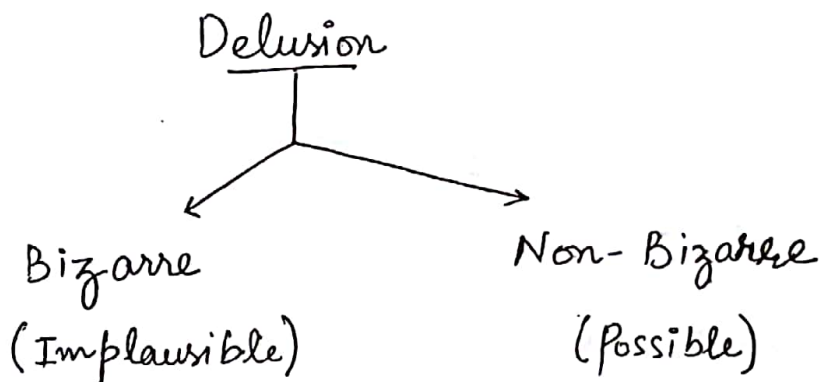
Types
Delusion of Reference } Important person is me. 5
 People are planning Conspiracy against me → Persecution } Part of Schizophrenia
 Supremacy → Grandiosity } Part of Mania

Guilt + Sin } Part of Depression
 Denial of existence → Nihilism

↓
 Denial of existence

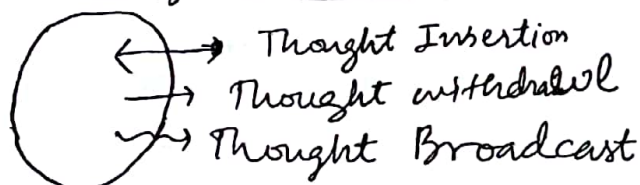
[COTARD SYNDROME]

[ENORMITY] → small actions causing a big catastrophe.
 ↳ Not included in Nihilism.



e.g Person thinks that his thoughts are taken away by his neighbours by a device

Thought alienation



Delusional Misidentification Syndrome

Capgras → Family persons → unknown

Fregolli → Strangers → familiar (delusion of double)

Inter meta morphosis → ^{Thought of} Swapping the identity to damage the patient

Mirror self misidentification → Mirror self disidentification

Reduplicational Paramnesia → [Living at home but denies that fact]

③ Possession of thought disorder →

- Insertion
- Withdrawal
- Broadcast

OCD

Obsession

Mc - dirt & contamination

Pathological doubt

↓

Thought disorder

Compulsion disorder

Mc → Checking

washing, touching
Counting

↓

Behaviour disorder

Least common is

Intrusive thought

Aggressive Sexual

OBSESSION

Own thoughts, Irrational, (ego alien)
ego dystonic
(unwelcome)
↓
ego syntonic (welcome)

- Repeat,
 - Patient resists the thoughts
 - Distress - ≥ 1 hour - 2 weeks
 - Not enjoyable
- If Thoughts are syntonie \rightarrow patient does not come for Treatment
- \downarrow
- Personality disorder

Magical thinking

Actions & words assume power.



[Schizotypal personality disorder.]

Ambitendency

not being able to complete an action

\rightarrow 2 step forward

2 steps \leftarrow backward.

Ambivalency \rightarrow Thought process for ambitendency.

OCD can cause - Anxiety

- Depression ($\frac{2}{3}$ rd)

R_x for obsession

\downarrow

Medication

SSRI (Fluoxetine)
(Fluvoxamine)
TCA (Clomiprazine)

Fluoxetine \rightarrow $t_{1/2}$ 3-4 days

\downarrow Less serotonin withdrawal is seen.

Compulsion

\downarrow

Behavioural Therapy.

ERP

No results



Risperidone (Augmentation)



ECT



Psycho Surgery (Last Rx)

(Anterior [Cingulotomy
or
Capsulotomy])

ERP → Exposure
+
Response

Prevention

D/O (disorder of)

STREAM OF Thoughts

① Tempo → Flight of ideas → Mania

↑ Prolivity → Hypomania

↓ Retardation/Inhibition

↳ depression

Circumstantiality (over inclusion
of unnecessary
details &
answer is
reached)



② Continuity → Thought block.
Preservation

~~Thought block~~

~~Preservation~~

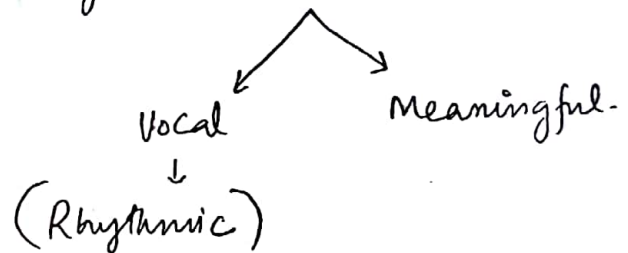
Thought block A → (X) B

Perseveration → 1st answer is relevant
& the same answer is repeated
for different other questions.
(Irrelevant).

[Persistence of mental process beyond the
point of relevance.]

Tempo/Flow

↑↑ , Rapidly , Changing association



Prolixity

Speaking Rapidly (N) association

Circumstantiality

Person will make you reach the
goal but by over inclusion of
unnecessary details.

Perception disorders

Illusion

False

↳ Independent of will

Missinterpretation of a stimuli

Hallucination

Perception

without presence of object.
or stimuli

Types of Hallucination

(mc) Auditory

(mc) Functional

Visual

organic

Tactile

cocaine bugs

Cocaine also causes delusion
of persecution

Olfactory

Gustatory

Temporal lobe
epilepsy

Pseudo hallucination

Insight is Present

Unreal

Subjective

[Thought will have a will
but Pseudo hallucination
has no will]

True hallucination

Insight is absent

Real

Objective

]] [Patient terms]

Phantom limb is an example of True organic
Hallucination

Special hallucination types

① Reflex

Different modality
↓
Synaesthesia

LSD (colours → speak)
↑ ↓
Stimulus False
 Perception

⇒ [Stimulus & false perception
are of different modalities.]

e.g. one person says
the colours are
speaking very well,
auditory stimuli
perceived as itching.

Functional

Same modality:

↓

⇒ [Stimulus & false perception
belong to the same
modality]
(e.g. both are auditory)

② Extra campine Hallucinations ↳ outside the units of sensory field.

ExtraCampine \Rightarrow Beyond sensory organ limitation

Autoscopy \Rightarrow

Internal Autoscopy

e.g. Person perceives images of the food deglutated & which is traveling through alimentary canal.

Negative Autoscopy

\Downarrow

Unable to see yourself in mirror.
(visual hallucination of image of one's body)

Types of auditory hallucination

1st person Hallucination

\downarrow

Own thoughts as voices from outside

\Downarrow

Thought Echo

Audible thoughts

2nd person H.

\downarrow

Person speaking in ~~ear~~ ears

\Downarrow

Command Hallucination

3rd person H.

\downarrow

\Rightarrow 2 persons speaking in ears

Running Commentary



Mood

⇒ Pervasive, Persistent
state of mind

⇒ Inner, subjective

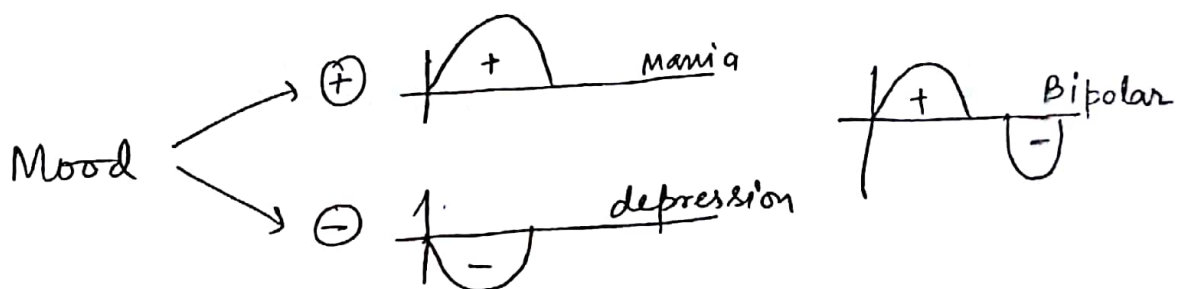
Affect

⇒ Emotional Response to a
stimuli

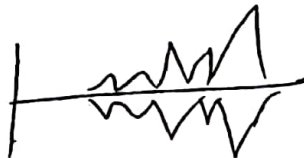
⇒ outer, objective

Adjustment disorder

↳ Stress due to outcome. [Students suiciding
after bad results]

EmotionAFFECTIVE REACTIVITY

Emotional reaction to a stimulus



Labile effect — Rapid urge of emotions

Affective flattening — Schizophrenia

Alexithymia — Inability to express emotions

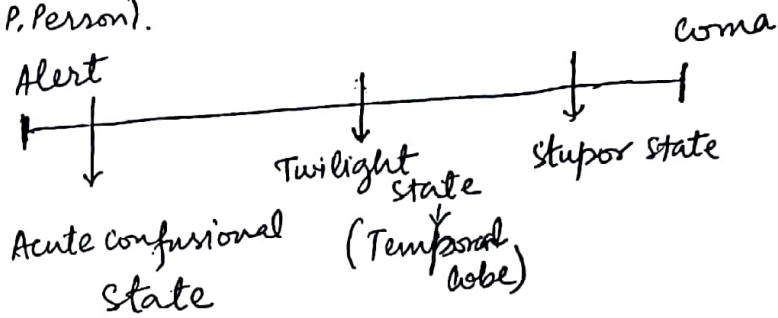
BEHAVIOUR

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Cognition [Higher mental function & abilities]

① Orientation (T.P. Person).

1) Alertness



② A/c ⇒ 100-7 = 93

(Attention/concentration)

Attention maintained for period of time

↓
Concentration

③ Memory

Immediate

For Seconds

↓
Delirium

[Registration & Recall]

Recent

For minutes

↓
Amnestic syndrome

Korsakoff Psychosis

Question about recent meals

Remote memory is also affected

Remote

Months-years

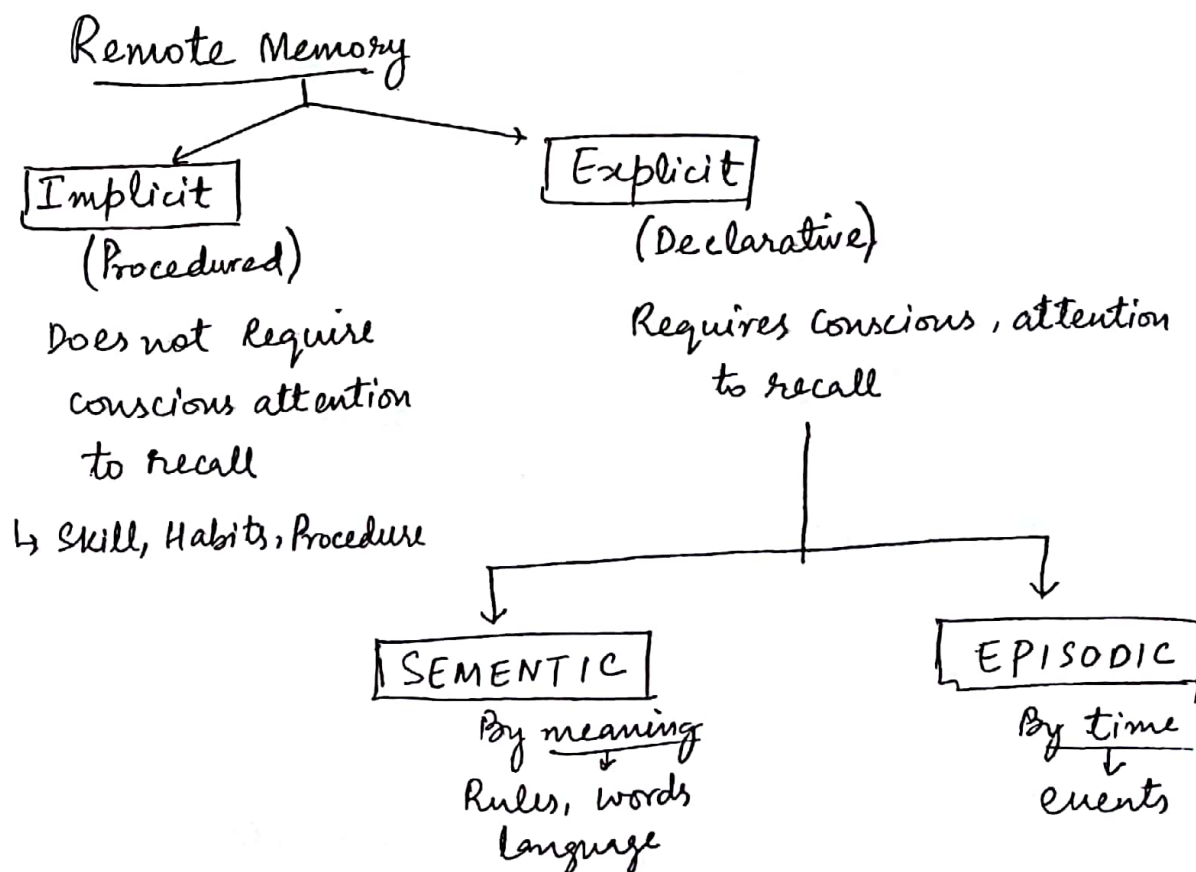
↓
Dementia

↓
Has both Recent & old memory components
e.g. School Teacher.

Abstract
Asking patient
 ⇒ In depth meaning
 (Proverbs)
 ⇒ moral of the story
 ⇒ Similarity ⊕
 e.g. Table/chair
 Cow/buffalow

Concrete
 Literal meaning.

In dementia and Schizophrenia patient goes
 from Abstract to Concrete thinking.



Behaviour disorders

Psychosis

Delusion

Hallucination

Disorganised behaviour

Insight is absent

Neurosis

Anxiety

OCD

Phobia - Irrational fear

Insight is present

Organic disorder

Etiology is present

visual hallucination

Functional disorder

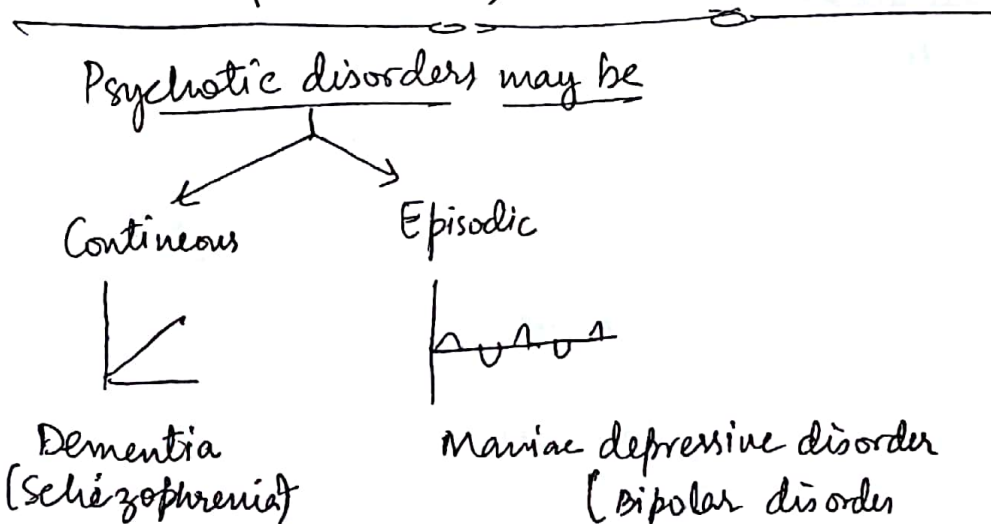
Etiology not clear.

↳ Purely on diagnostic criteria

Auditory hallucination

Onset

Sudden or abrupt
(< 48 hours)



Schizophrenia

17

Term = Dementia Precoce — BENEDICT MOREL

↓
[deterioration of Personality in adolescence]

Emil Krapelin → Psychotic patients

↓
Course of illness.

Continuous

Dementia Precoce

Episodic

MDP
(Maniac Depressive
Psychosis)

[Remission & Exacerbation type of course in Schizophrenia].

Age of onset

13 years — very early onset

18 years — Early onset

10-25 years — Male > Females

25-35 — Females > Males

>45 years — Late onset

Schizophrenia — females good prognosis

Dementia onset ⇒ 65 years

Eugen Bleuler → Termed Schizophrenia
↓

Primary Symptoms of schizophrenia.

4 As

Ambivalence

Loss of Association

Affective disturbance

Autistic behaviour

Ambivalence ⇒ It is inability to decide
in favour or against. (A or B)

Affective disturbance

Inappropriate Affect

Thought $\xrightarrow[\text{[No correspondence]}]{\times}$ Effect
Behaviour $\xrightarrow{\times}$ emotions

e.g. Crying on a ~~good~~ good moment
or Laughing on sad moment.

Autistic Behaviour

Autism



Leokanner 1943

[≤ 3 years age]

Communication (language)

Social Interaction (eye-eye contact)

Stereotyp , mannerism , Repetitive

Kurt Schneider → SFRS

[Schneider's First Rank Symptoms]

Total 11 symptoms

- ① Thought insertion
 - ② Thought withdrawal
 - ③ Thought Broadcast
- } → THOUGHT Alienation

⇒ Auditory hallucination



- ④ Thought echo/audible thought
- ⑤ Running commentary (3rd person hall.)
- ⑥ Arguing/discussing

⑦ - Somatic Passivity

↓
Body activity controlled by someone (who is active)

⑧ - Delusional Perception

↓
illogical meaning to normal perception

e.g. hearing of ~~the~~ march past of army - pt thinks they are coming to kill him.

⑨ - Control/made phenomenon

Thought of - "someone" making to do me

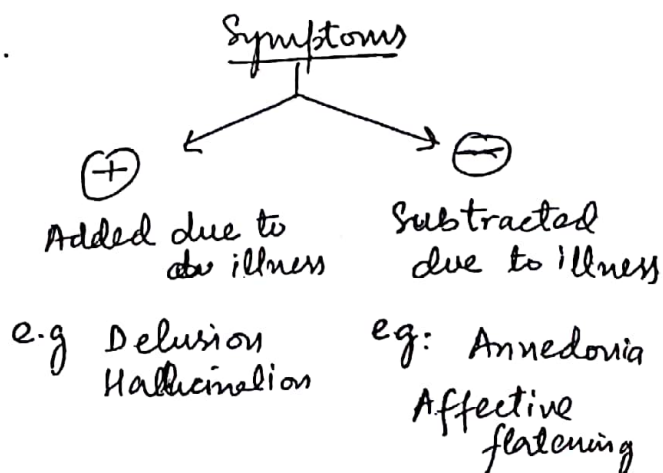
⑨ Affect → emotion

⑩ Volition (Action) [controlled by others]

⑪ Impulse

Diagnostic criteria of schizophrenia

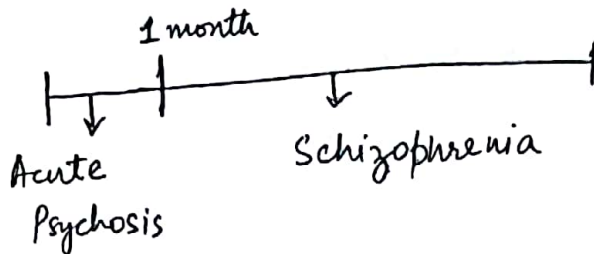
- ① Delusion
- ② Hallucinations
- ③ Disorganised speech
- ④ Disorganised behaviour
- ⑤ Negative symptoms.



Diagnosis

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ICD-10 (WHO)



No. of chapters in ICD10 - (22)

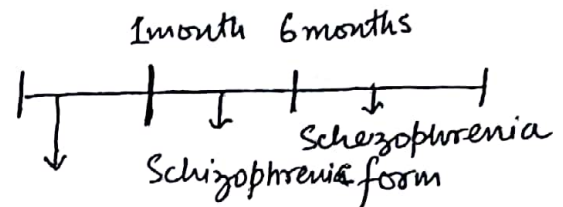
Chapter for mental illness - (V)

No. of Axis in ICD10 - (3)

Alphabet for psychiatric illness - (F)

F = Functional

DSM 5/IV (APA)

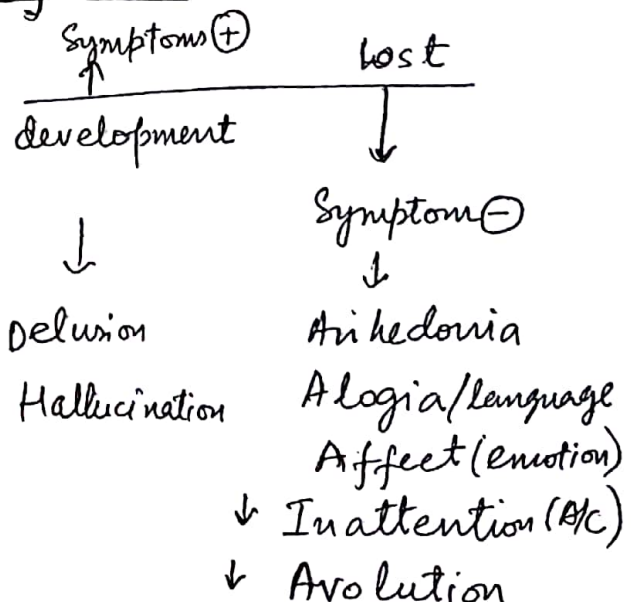


BPD

(Brief Psychotic Disorder)

If a patient is suffering from delusion, → (Bizarre)
Hallucination → (Auditory)
disorganised behaviour (catatonia)
disorganised speech (neologism)
Negative symptoms

TJ Crow

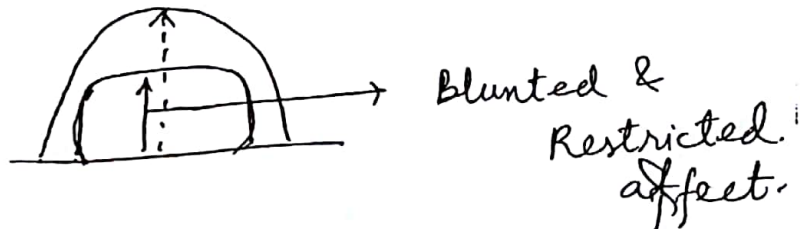


Emotion

Flat (affective flattening)



Blunted / Restricted affect



Types of Schizophrenia

<u>Paranoid</u>	<u>Hebaphrenic</u>	<u>Catatonia</u>	<u>Simple</u>
D + H	↓ Disorganised personality (mood) (giggling/grimacing) early onset	Motor R, BZD (Lorazepam) ECT	-ve Symptoms 1 year
Commonest			
Late onset			
good Prognosis Personality intact	early/poor Prognosis In appropriate effect, Mirror effect ↓ Personality deterioration is maximum	Best Prognosis Anti psychotics not given.	worst Prognosis

Catatonia (abnormal motor symptoms)

Signs

Depression ⊕

Waxy flexibility }
Catalepsy } doctor does it
and patient maintains it.

Rigidity }
Posturing } Patient did
it himself & retains
for > 1 min
(Bizarre position)
Echolalia } Repetition of words.
Echopraxia } Repetition of action.

Stereotypy }
Mannerism } Autism

Negativism → Not obeying the commands

Gegenhalten → Proportionate Resistance

Mutism

Stupor → Only Responds to painful stimulus.

Stereotypy → Repeation of non goal directed.
Mannerism → Repeation of goal directed.
↓
But Repeation makes it senseless

1st line of Rx → Lorazepam → ECT.

Antipsychotics - NOT Required

On a period → Dream like

Von Gogh Syndrome → Self mutilating in schizophrenia.
↳ cut his one ear.

Genetics

Incidence

0.5 to 5/10000

Prevalance

General population - 1% ²

Sibling → 8%

Dizygotic twin → 12% ²

Single parent → 12%

Both Parent → 40%

Monozygotic → 47% ²

↳ A Heritable psychotic disorder.

Biochemical

Neurotransmitter Responsible → Dopamine ↑
(+ve symptoms)

Meso limbic

↓

Responsible for
delusion
Hallucinations

Serotonin ↑
(+ve/-ve)

↓ NE → Anhedonia

↓ GABA, ↓ ACH, ↓ Nicotine

Substance use → 90% → Tobacco → improves cognition
 40% → Alcohol ↓
 ↓ +ve symptoms.

Mc premature cause of death in schizophrenia
 is Suicide

20-50%	10-30%	5-6%
attempts	(command hallucination)	(DSM-5)

Command hallucination

Depression ↑

Clozapine is an antisuicidal, antipsychotic

$\frac{2}{3}$ patients → visit τ in < 72 hrs.

Delusional disorder

Single
Delusion (non Bizarre)



apart from belief
pt. is functionally (N).

DSM 5

1 month

ICD 10

3 month.

Schizophrenia

Multiple (delusions
+ Hallucination)

Bizarre \neq



Morbid Jealousy

Grandiosity

Persecutory

Erotomania → De Clérambault syndrome
↳ [delusion of love]

Somatic → Halitosis → Bromosis

Paratosis (Worth) [Ekblom syndrome]

Body Dysmorphophobia

Post partum Psychosis

Baby Blue

30-75%

Commonest

Mood swings

Recovers < 2 weeks

Reassurance

Depression

10-15%
> 2 weeksGuilt &
Suicidal

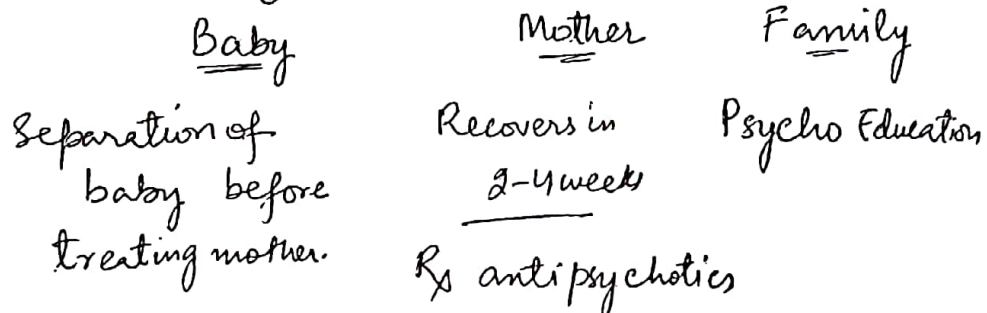
Psychosis

Suicidal 5%

Infanticide -4%

Relapse = 50-60%

(in subsequent pregnancy)



Rx Atypical - Risperidone, olanzapine

Typical - Haloperidol

↓
Clozapine - Most effective, treatment

Resistant schizophrenia

Antisucidal

II line Rx : It causes Agranulocytosis
- Seizures (Rx in valproate)
SIALORRHOEA

Clozapine + Antipsychotics

29

↓
ECT

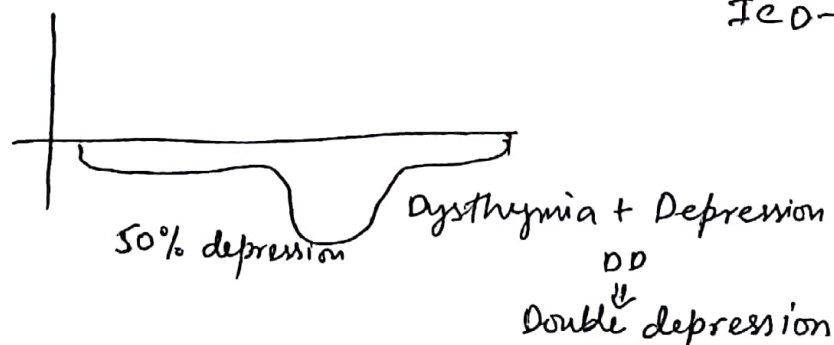
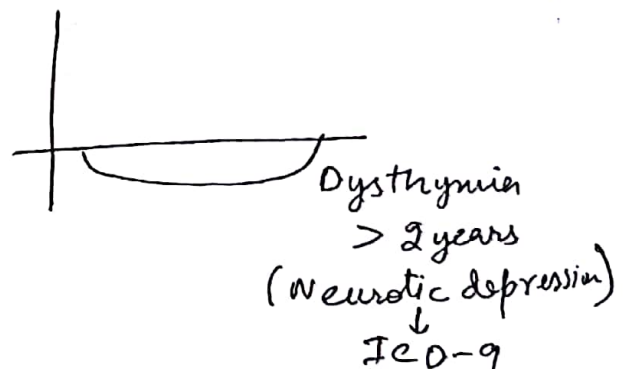
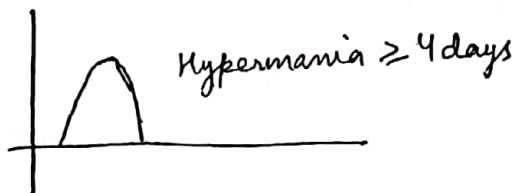
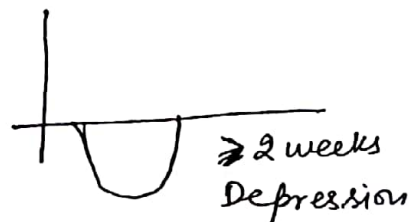
Psychotherapy cognitive Remediation

Family oriented therapy

Social skill training

Psycho education

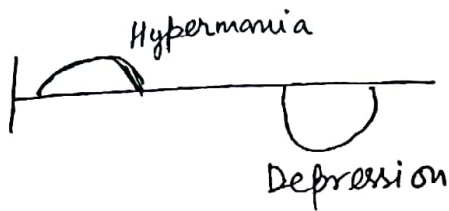
Mood Disorders



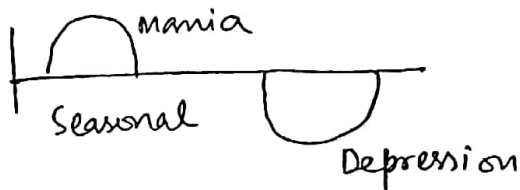
BIPOLAR



BPAD I (Bipolar polar Affective disorder)



BPAD II



SAD (Seasonal Affective Disorder)

Rx - Light therapy
1,500 to 10,000 Lux.
(1-2 hrs) (Dawn)

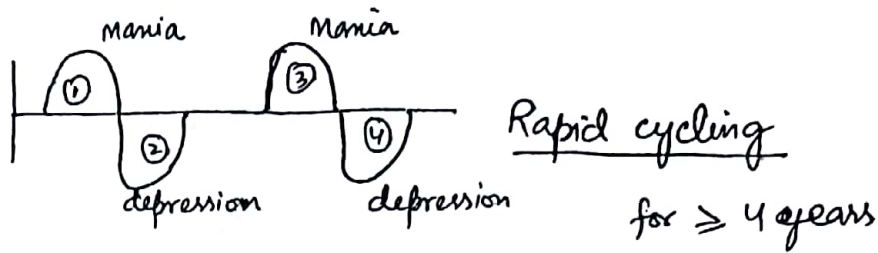


Cyclothymia

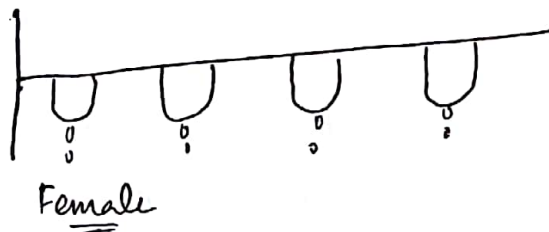
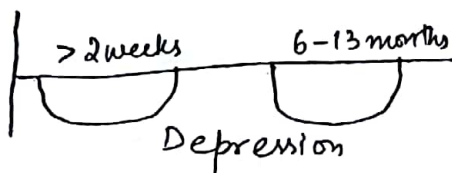
Patient is moody
interpersonal difficulties



Difficulty in maintaining
job, marriage, friendship



Rx Sodium valproate (Toc)
Carbamazepine
Lithium .



PMDD

Pre Menstrual Dysphoric
Disorder

10-15 %

Menarche - Menopause

② Hormonal

4-5 weeks

Rx of choice - SSRIs

Manic

Mania → Mood stabilisers (MS)

Mania + Psychosis → MS + Antipsychotics

Bipolar depression → MS + Antidepressants

Bipolar depression + Psychosis → MS + Antidepressants
+ Antipsychotics.

Female + Pregnant → Antipsychotics

Mood Stabilisers

Lithium

T.O.C. for - Euphoric mania
(Happy)

Prophylaxis - 0.6 - 1.2 meq/L

Therapeutic - 0.8 - 1.2 meq/L

Haemodialysis - 2 meq/L

Valproate

T.O.C. for Dysphoric mania
(Anger)

↳ Acute mania

↳ Alcohol

↳ Rapid cycling

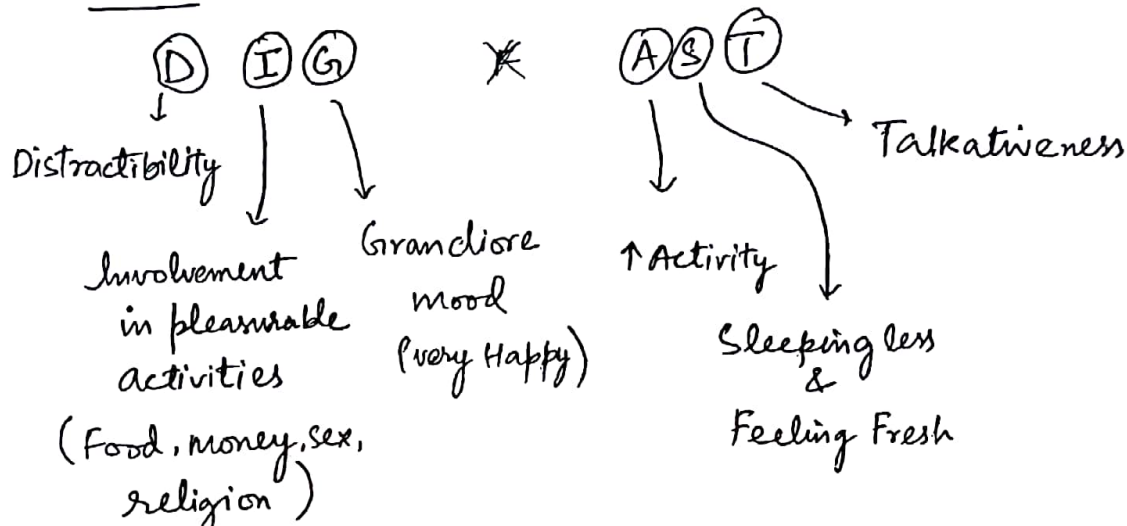
↳ Anxiety.

Pre Lithium Investigations ^{Check} ⇒ TLC, DLC, (∵ it can cause
Thyroid disorder Leucocytosis)
RFT, Cardiac profile

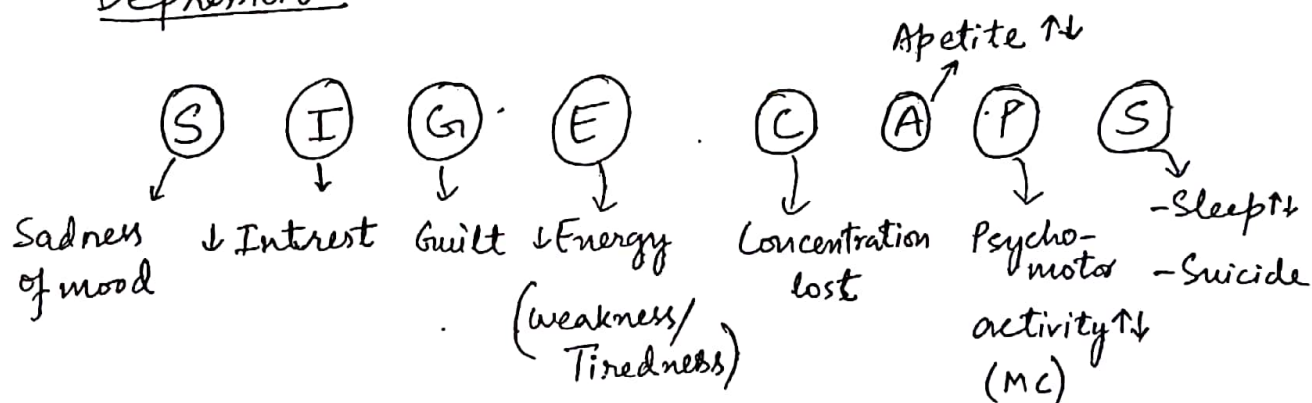
Schizo - Affective disorder.



Mania



Depression



1 out of 8 males

1 out of 6 females

Middle age.

Why depression is common in Females (♀)?

- Hormonal cause
- child birth related
- Social status
- Learned helplessness.

Mixed  (1 week)

Seasonal

Psychosis

Peri partum

Catatonia - (mc in depression)

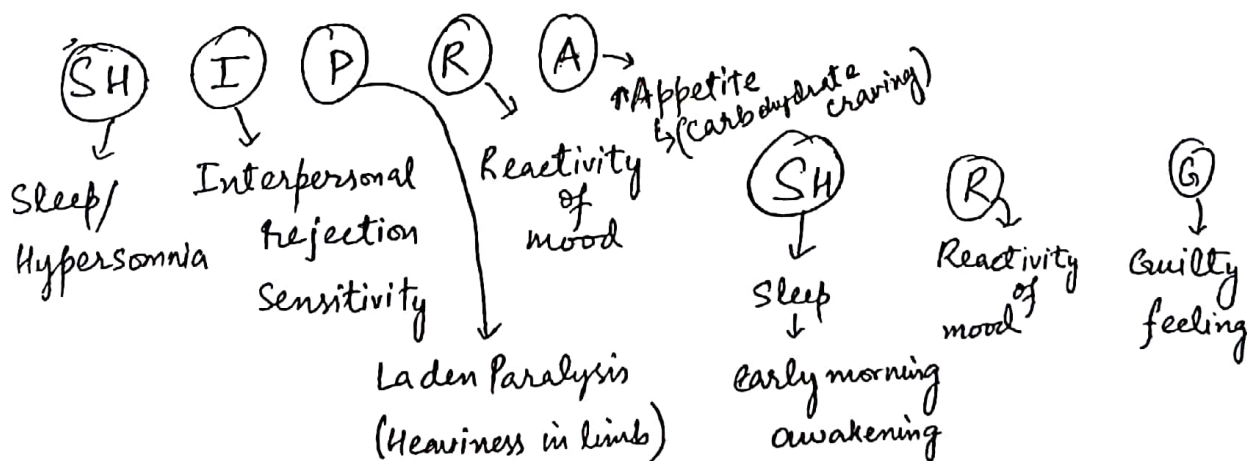
Mood congruent / In congruent
(delusional reference)

Atypical

melancholic
(endogenous)

Atypical Depression

Melancholic Depression.



Cognitive Triad of depression. (A.T. Beck) AT. BECK

Negative Thinking of :-

{ Hopelessness :- Future ———→ ~~Quick~~ Suicide
 Helplessness :- Environment, world
 Worthlessness :- Self

Cognitive Therapy → A.T. Beck.

Cognitive Distortion

Magnification (mal adaptive assumptions)

Minimization

Personalization

Arbitrary Influence

Selective abstractions

Over generalisation

Dichotomous Thinking or Absolutist.

Suicide

10.4 / 1,00,000

Commonest method - Hanging

Neurotransmitter - 5 HT

Biochemical marker - CSF - ↓ 5 HT AA

Paradoxical suicide

Para suicide → Cutting (Borderline Personality Disorder)

Depression & Suicidal tendency → "ECT"

Risk factors

Males - (4:1)

> 45 years

Unemployment

Past H/o suicide

Helplessness, Alcohol

Chronic illness

Patients committing suicide have psychiatric illness

M/c Cause of suicide →

- 80% - Depression
- 25% - Alcohol
- 10% - Schizophrenia
- 5% - Delirium + Dementia

Defence mechanism of depression is Introjection of departed object

Neurotransmitter \rightarrow \downarrow 5HT, \downarrow DA, \downarrow NE

(Triminogenic Therapy)

\uparrow ACH

\uparrow Glutamate

R_x of depression - Anti psychotics

DOC - SSRI

M effective TCA

Psychotherapy - CBT

Somatic modality

Invasive

DBS \rightarrow Deep Brain Stimulation

VNS \rightarrow Vagal Nerve Stimulation

CBS \rightarrow Cortical Brain Stimulation.

Non Invasive

ECT \rightarrow Gold Standard.

RTMS \rightarrow Repetitive
Trans Magnetic
Stimulation

MST \rightarrow Magnetic Seizure
Therapy

CNS \rightarrow Cranial Nerve
Stimulation

ECT Electroconvulsive Therapy (1938)

Started by Cerletti BINI

MECT (Modified ECT) → Muscle Relaxant is added
e.g. Succinyl choline

↓ GA. [Propofol]

Electric current → seizure if ≥ 180 sec
of ≥ 25 sec
↓ IV
Diazepam.

Mechanism → BDNF Brain derived Neurotrophic Factor

Gold Std, more effective $\geq 90\%$ 60-70%

No absolute CI.

Relative CI → ↑ ICT, MI, HTN.

Safe in Pregnant females.

Indication: → Depression ± suicidal

Catatonia, mania, Schizophrenia

NMS, Parkinsonism ± rigidity

Treatment Resistant epilepsy

Not effective in \Rightarrow Somatization
 Personality D/o (Borderline)
 Anxiety D/o

Sign of depression \Rightarrow Otto von Guericke
 Omega Sign

Neurotic disorders

Anxiety disorder $\begin{cases} \text{Phobia} \\ \text{Panic} \\ \text{GAD (Generalized Anxiety D/o)} \end{cases}$

OCD & related disorders

Conversion Hysteria

Dissociative disorders

Trauma & stress related disorders

Somatic symptoms & related D/o

Neurotransmitters involved

GABA

↓

Rx BZD

NE

↓

β-blockers

GABA → Anxiety
Nervousness

NE → Palpitation
SOB
Heaviness of chest

Phobia

Specific

↓

↳ Claustrophobia

↳ Closed Space
Acrophobia (heights)

e.g. MRI/CT room
Lift

Social

↓

Scrunity

Agora phobia

↓

Means market place

Fear of
↳ Open spaces

Crowded Spaces
(where escape
is difficult)

Enchored spaces
(e.g. metro, Bus,
plane)

Irrational fear of a Stimuli, object,
situation or a person.

R_x
2 Avoidance [of normally logical fear-full situations]

And Exposure Therapy

Flooding

[over exposure]

Systemic Desensitization



Hierarchy
Relaxation

Joseph Wolpke

A simple hand-drawn smiley face with two vertical lines for eyes and a curved line for a mouth.

Graded Exposure
(Toc)

Specific TOC is Behaviour Therapy.

Agoraphobia \longrightarrow SSRI (Toc)

Social \longrightarrow SSRIs + Psychotherapy.

All phobias are diagnosed in 6 months

Displacement → Putting blame on wrong things

↳ (a defence mechanism)

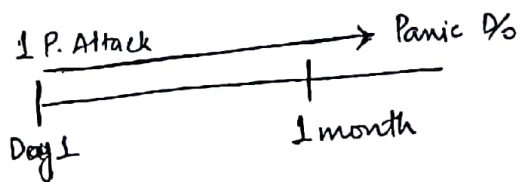
(Egg \rightarrow Hygiene)

↳ Problem

Blaming

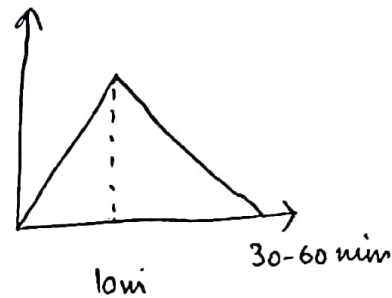
Panic D/o

Panic D/o



Panic attack

↓
(alprazolam)



Symptoms of palpitation

Stimuli is absent ⇒ [out of blues]
[Impending of doom]

↳ SOB

Heaviness of chest

MC- Comorbidity

is Agoraphobia

DOC for Acute anxiety ⇒ BZD

DOC for Chronic anxiety ⇒ SSRI

Generalised Anxiety Disorder. (GAD) (Day to day worries)

Symptoms

Apprehensions

Fatigue, ↓ Concentration, Sleep, Anxious,

Muscular tension

Diagnosis made after 6 months

Rx of Choice → SSRI + Psychotherapy.
(CBT or supportive)

Phobia - Related to Stimuli

Panic - Out of blue (No stimuli)

GAD - Day to day worries.

Bradycardia is seen in
fear of Blood/Needles

I_{nv} ECG, TSH, Hb, Blood Sugar.

Psychology [Study of mind]

Sigmund Freud → Neurosis → Unconscious Conflict

Dream analysis

[Father of Psychoanalysis]

Defence mechanism

Theory of mind.

Psychosexual stages of development.

Dream analysis

Dreams are the Royal Road to Unconscious mind.

In 1900 → [Interpretation of dreams] book

Primary process of dreams.

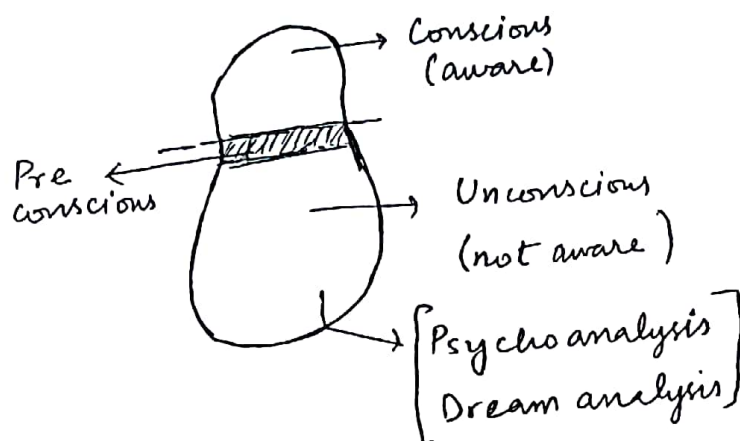
↳ Displacement

↳ Symbolic Representation

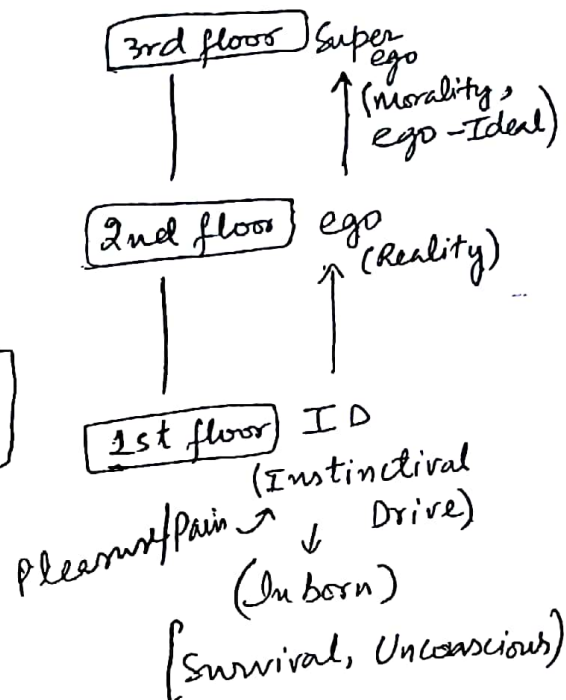
↳ Condensation

Theories of mind

Topographical Theory

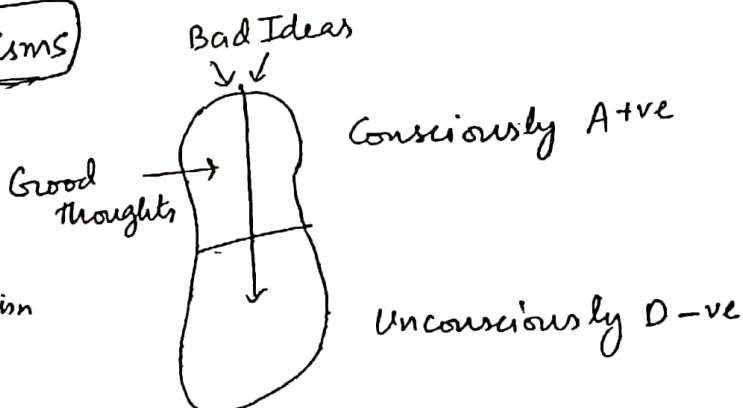


Structural Theory



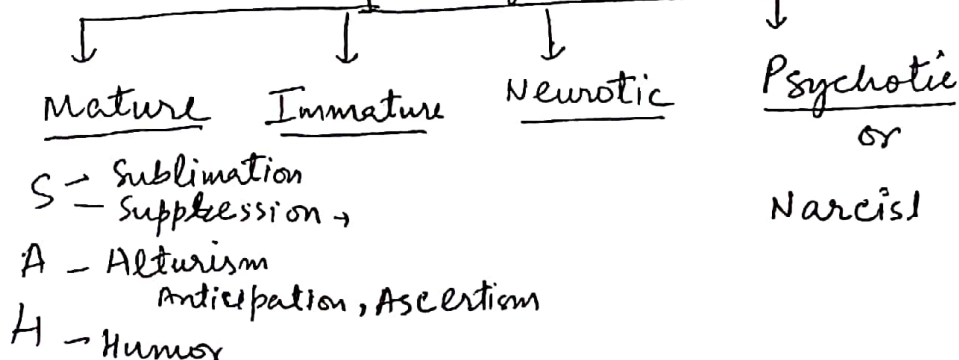
Defence mechanisms

Repression is primary \Rightarrow defence mechanism



Repression [unconscious forgetting]

By George Vaillant



Suppression → waiting of right moment.

Altruism → Helping others

Anticipation → Anxious-ness helps to perform better.

Asceticism → Doing good things but no expected return
(No praise required)

Immature defence mechanism

Fantasy

Regression
(things which were normal at a span is not normal anymore)

Passive aggression

e.g. harming any person who was harming you in indirect way to get satisfaction.

Somatisation (expressing emotions via physical complaints)

Interjection/Identification
copying others

Acting out

↳ No patience

Neurotic Repression

Displacement → anger reaction on someone else.

Undoing → non productive activity making comfortable feeling.

Isolation of Affect → Making conversation lengthy while expressing

Reaction formation → Action \rightleftharpoons Reaction.

Rationalization → Blaming others

Conversion → (Hysteria)

Dissociation

Conversion (Hysteria)

↳ Primary gain $\text{P} \rightarrow \text{I} \rightarrow \text{O}$ [Cut secondary gain]
 ↳ Secondary gain $\text{I} \rightarrow \text{O}$ [Aversion Therapy]
 ↳ (Painful stimulus)
 Narco analysis

La bille Indifference

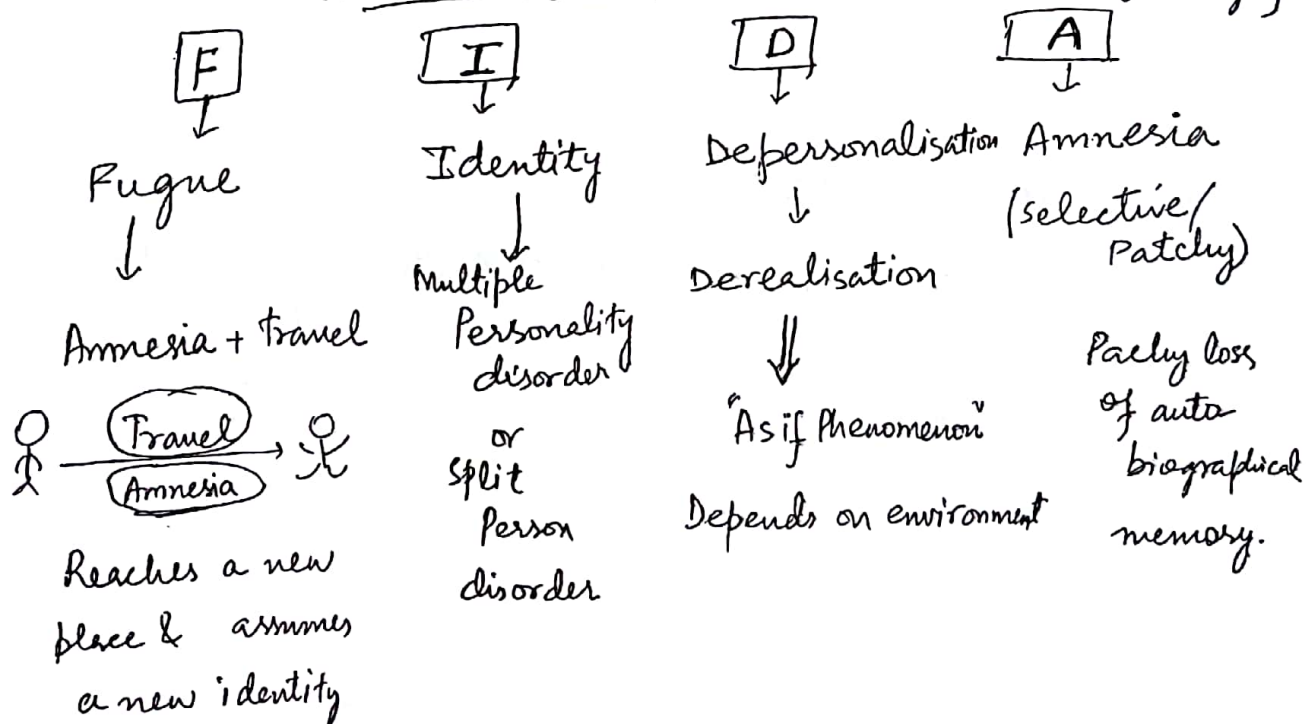
or
 Drug Induced Interview

(BzD, Barbiturate) - Thiopentone Na
 ↓
 Diazepam
 Lorazepam
 Midazolam

(Truth serum)

Dissociation

(dissociative amnesia) → [Skipping the uncomfortable feelings]



Malingering (Mancheuron Factitious)

	C/O/S	Factitious	Malingering
Symptoms	Unconscious	Consciously Faking	Consciously
Gain	Unconscious	Unconscious ↓	Conscious

abnormal sick role

Iron grid abdomen ☹️

Pseudologia Fantastica

Due to

⇓

Sexual abuse

Physical abuse

or

Isolation

↳ Fantastic lie which people believe

Granser Syndrome

Approximate answering (Paralogia)

↓


$$2 + 2 = 5$$

⇓

grass = Blue

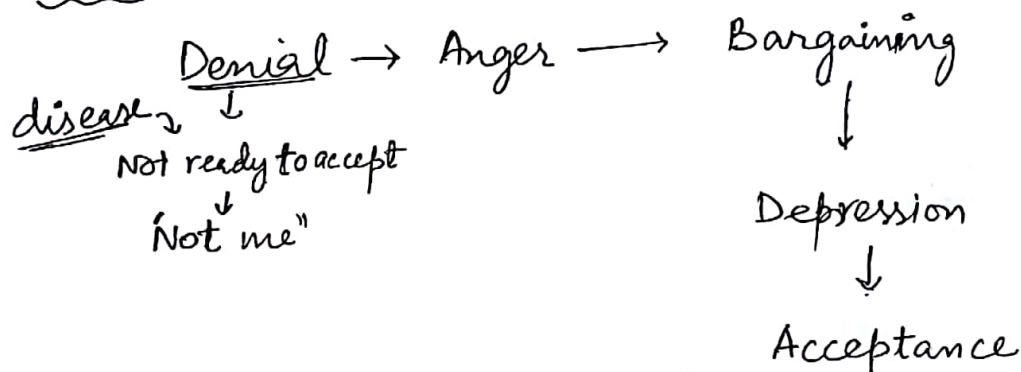
Psychotic or Narcissistic analysis

Denial \Rightarrow No conviction / Deny the Reality

Distortion \Rightarrow  Body Image distortion.
(Anorexia Nervosa)

Projection \Rightarrow

Elisabeth Kobler Ross

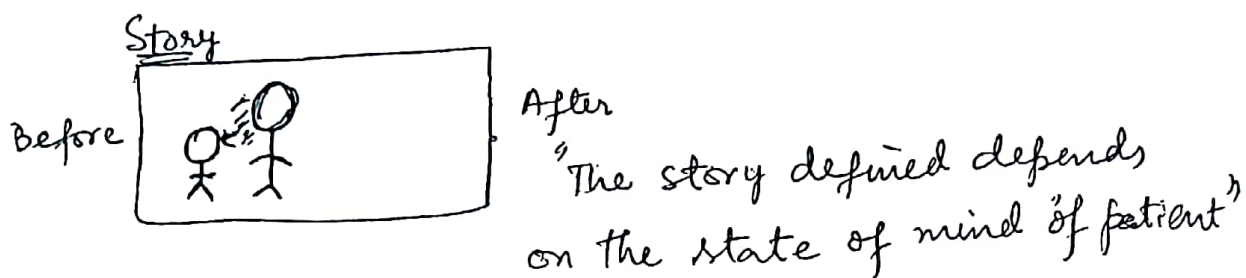
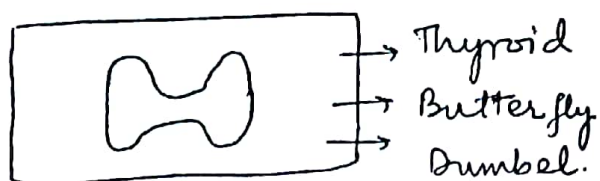


Projection

In Rationalisation there is acceptance

Projective Personality Test

- Rorschach Ink blot Test (Red & black ink)
[Symmetrical]
- Thematic apperception Test
- Sentence completion Test
- Draw a person Test
- Word-association



Psychoanalysis

Childhood Repressed Memory

[Unconscious conflict]

Transference → Patient %

Counter transference → Doctor (not acceptable)
↳ overcaring towards patients

Free association → method of taking
information from patient freely.

Behaviour Therapy

Classical



Ivan Pavlov

Stimulus
+
Combination.

Operant Conditioning

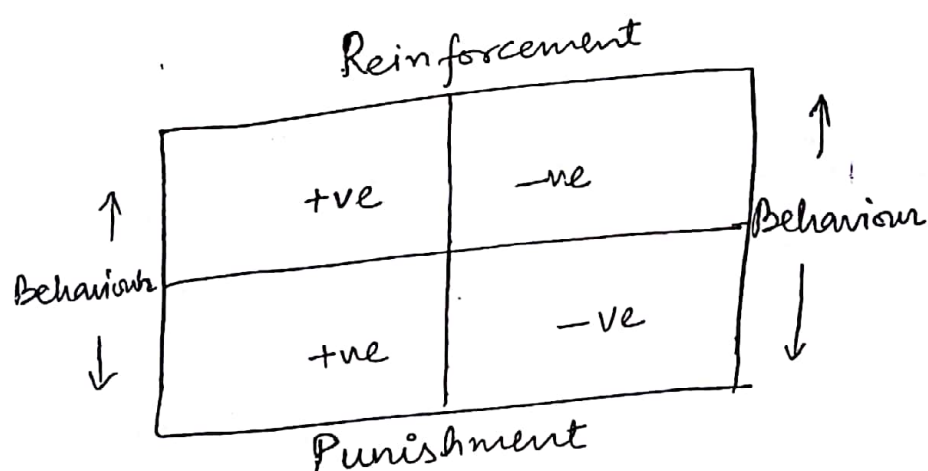
or

Instrumental



B.F. Skinner

Response
+
Consequences



Contingency

Psychosexual Stages of Development

Oral 0-18 months

Anal 18-36 months

Phallic 3-5 years

Latency 5-12 years

Genital > 12 years →

Libido

↓
Sexual drive

Oedipus Complex
(Fear of Castration)

3-5y boy → mother
+
Father ↗

Electra complex - Female ⇒ Envy of penis

Identification by idealising

Latency → Boy → Father
Girl → Mother

OCD & Related disorders

Trichotillomania → Pulling of hair

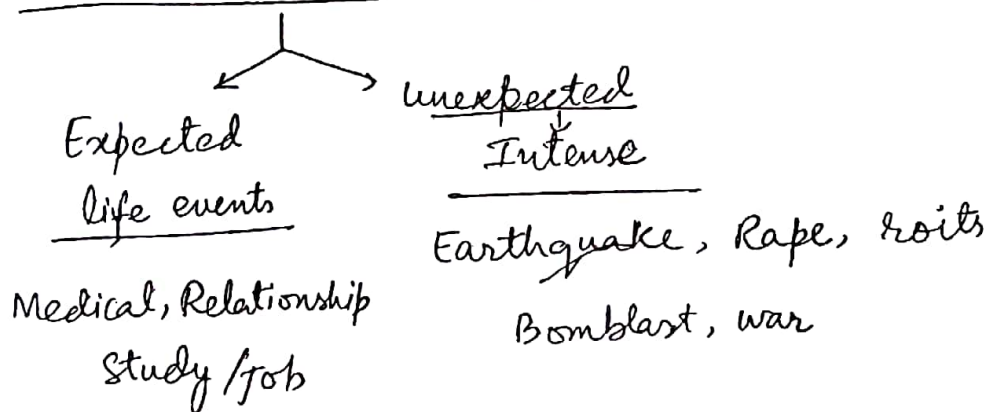
Hoarding → emotional value of useless things

Excoriation → Skin Picking (Acne picking)

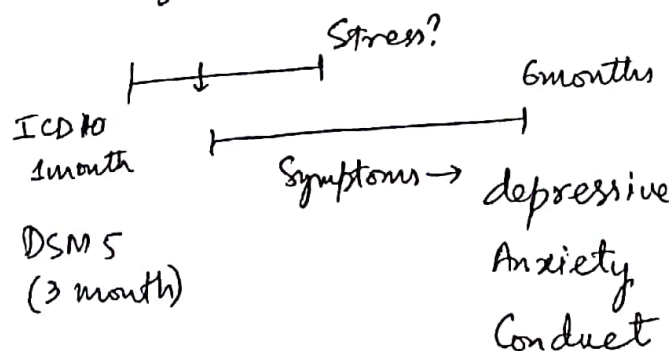
Body dysmorphic disorder - feeling of body part/appendage being disfigured
↓
goes for treatment

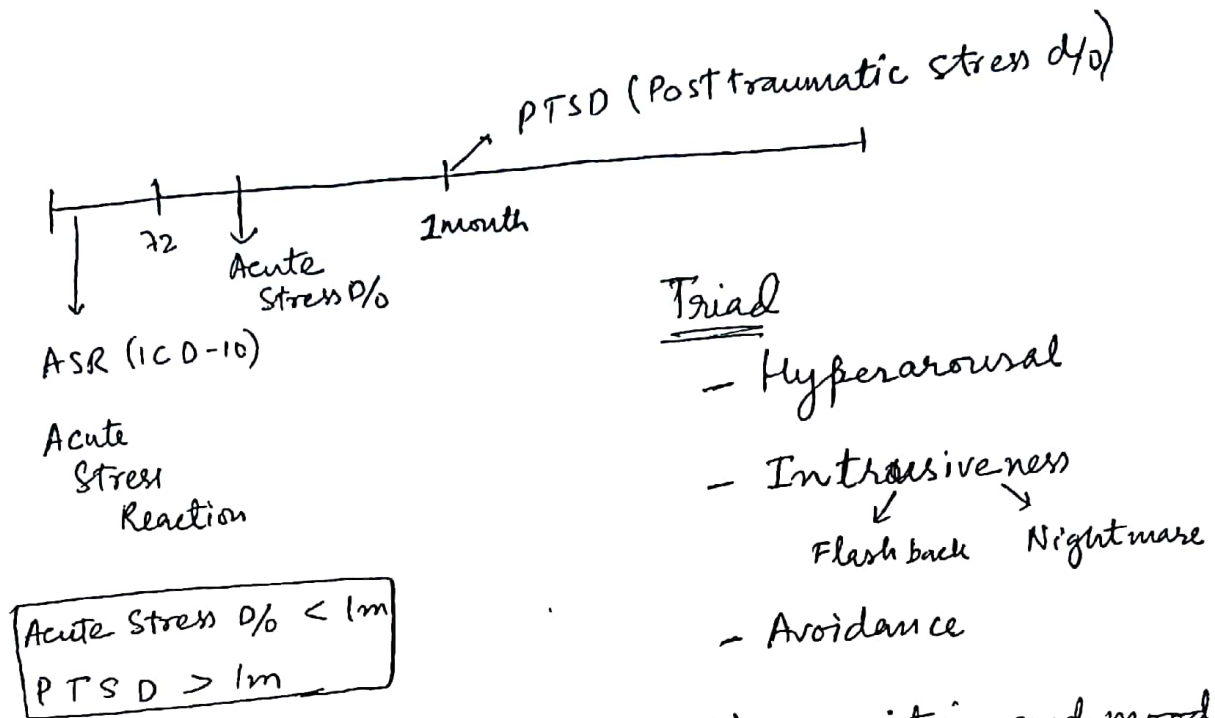
MC - Hair
Nose

Trauma & Stress Related %



Adjustment disorder





Triad

- Hyperarousal
- Intrusiveness
 - Flash back
 - Nightmare
- Avoidance

Negative cognition and mood.

↳ Hallucination not present.

Treatment

Psychotherapy.

PTSD

— Rx

Pharmacotherapy (SSRI) + CBT

EMDR (eye movement Desensitisation Reprocessing)

Debriefing

Somatic Symptom Related D/o (DMS5)

Illness anxiety D/o (Anxiousness due to fear of illness)

Somatic symptom D/o (anxiousness due to fear of illness)

Symptoms +ve



Diagnosis (-)



Investigations (-)

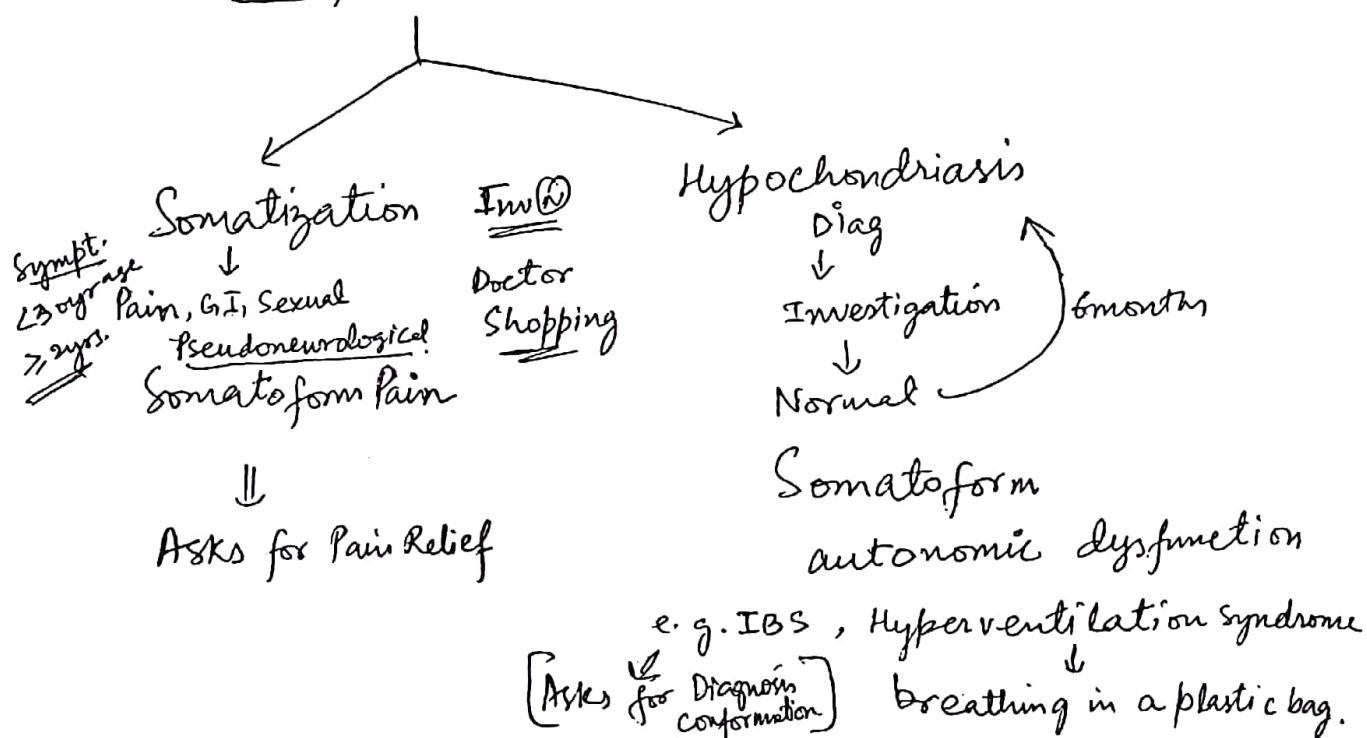


Reassurance

Hypochondriasis

Pain D/o → due to emotional conflict.

Somatiform D/o (DMSIV)



Culture bound Syndrome

Dhat Syndrome → Semen in urine

Anoike → Running & killing way, Suicide/forgit

Koro → Size of Penis is reducing & going in abdomen → die (epidemic)
[GENITAL RETRACTION SYNDROME]

Latah → Screaming, Cursing, dancing
Uncontrolled laughter.

Eating disorders

ANOREXIA NERVOSA

F:M = 10:20:1

Underweight ($\leq 85\%$ ideal) of (N)



A Anorexia
B Binge
C Compensatory
Can eat (300-500 kcal)
↓
eg. Vomiting
diarrhoea

BULIMIA NERVOSA

(N)

B ↓ Binge
C ↓ Compensatory

B E D (MC)
[BINGE Eating Ds]
overweight

No compensatory

↓

Anorexia Nervosa
Body Image distortion

Types → Bulge
 → Restriction

≤ 85% (weight loss)

14-18 yrs

Fear of fat

Profession - Modelling
 Heroin

Amenorrhoea ≥ 3 months

100% females

Peculiar handling of food. → (Peculiar behaviour)

Clinical signs

↑ Cortisol, ↑ G.H, ↑ Prolactin.

↓ Luteinising hormone, ↓ FSH, ↓ Estrogen.

Sometimes hypercholesterolemia

↳ Anaemia, muscle atrophy, bradycardia

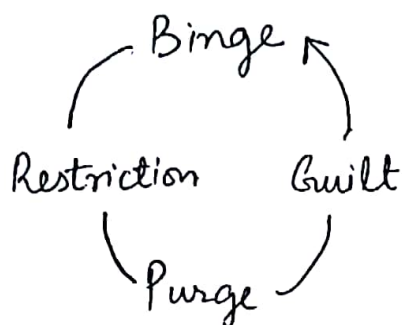
R_x

SSRI + Antipsychotic

Hospitalisation (if ≤ 80% fall of weight)

CBT, family therapy.

BINGE Eating disorder



will eat more



dental caries



enlarged Parotid glands



Scarmark on hands due to
putting hands in mouth
regularly

↓ (RUSSELLS SIGN)

BINGE

Rx

Fluoxetine

CBT

Sexual disorder

Sexual Identity → Biological sex

Gender Identity → By which the individual recognised himself/herself

↓
Psychological sex (3 years of age)

Gender role →

Sexual orientation → Heterosexuality/Homo/Bisexuality.

Gender Identity Disorder ⇒ e.g. Boy wants to be girl
DMS IV
↓
[dissatisfied in the allotted sex] Gender Dysphoria
DMS 5

↙
⊗ Hormonal Sex Replacement.

Sex rearrangement Sx

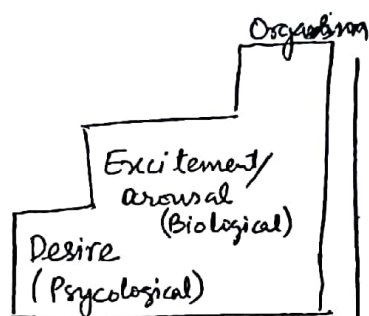
[Male trapped in female body]
[Female trapped in male body]

Abnormality
in Sexual
Preference

Gender Dysphoria

Sexual dysfunction

Paraphilia



Paedophilia (mc)

Exhibitionism
(only in ~~female~~ males)

Voyeurism (males)

Frotteurism (males)

Resolution

↓
Post
coital
dysphoria

Asexual

Hypo sexual

Hypersexual

Styriasis
(♂)

Nymphomania
(♀)

Impotence

middle age

Organic

Psychogenic

~~crux~~ MC Vascular

Hormonal

Drug/medication

Masturbation X

Morning erection X

REM Spontaneous X

50% males
have apprehension.

Masturbate ✓

Morning erection ✓

REM Spontaneous ✓

Premature ejaculation [< 1 min]

(5) (10) 15 - 20 25 min
 [2 - 6 min]
 orgasm is shortest

R₁
=

SSRI - SE (delayed ejaculation)

Start stop technique

Squeeze technique (Mester & Johnson)

Dual sex therapy.

Cognitive Disorder

Delirium

Immediate memory disorder

Global disfunction

Psy (Illusion/Hallucination)
Visual

Altered Sensorium

(acute confusional state)



disorientation

to time place

& person.

Amnesic synd.

Recent memory disorder

Memory

(NO)

Dementia

Remote memory disorder.

Global disfunction

Psychiatric

Progressive loss
of memory

consciousness
Intact



Delirium

(P)

Psychomotor
activity.

(C)

clouding, consciousness
illusion/hallucination

Transient delusion

(A)

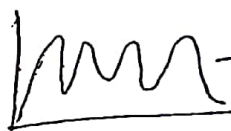
Attention

(S)

Sleep

(E)

Emotion



Etiology

→ onset sudden

consciousness fluctuating

Recover or die

Common in old age male \rightarrow Polypharmacy

In middle age \rightarrow Substance abuse / alcohol

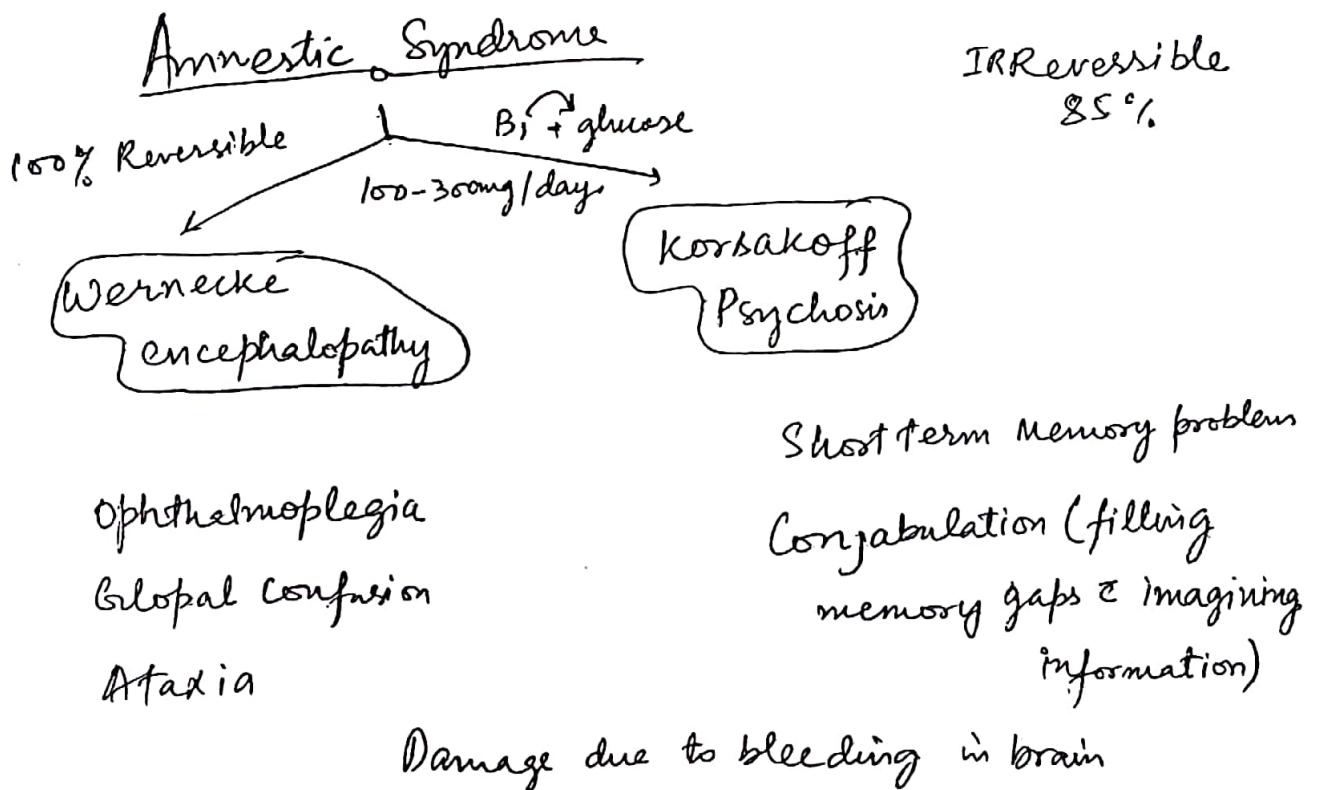
In young ag \rightarrow Poisoning

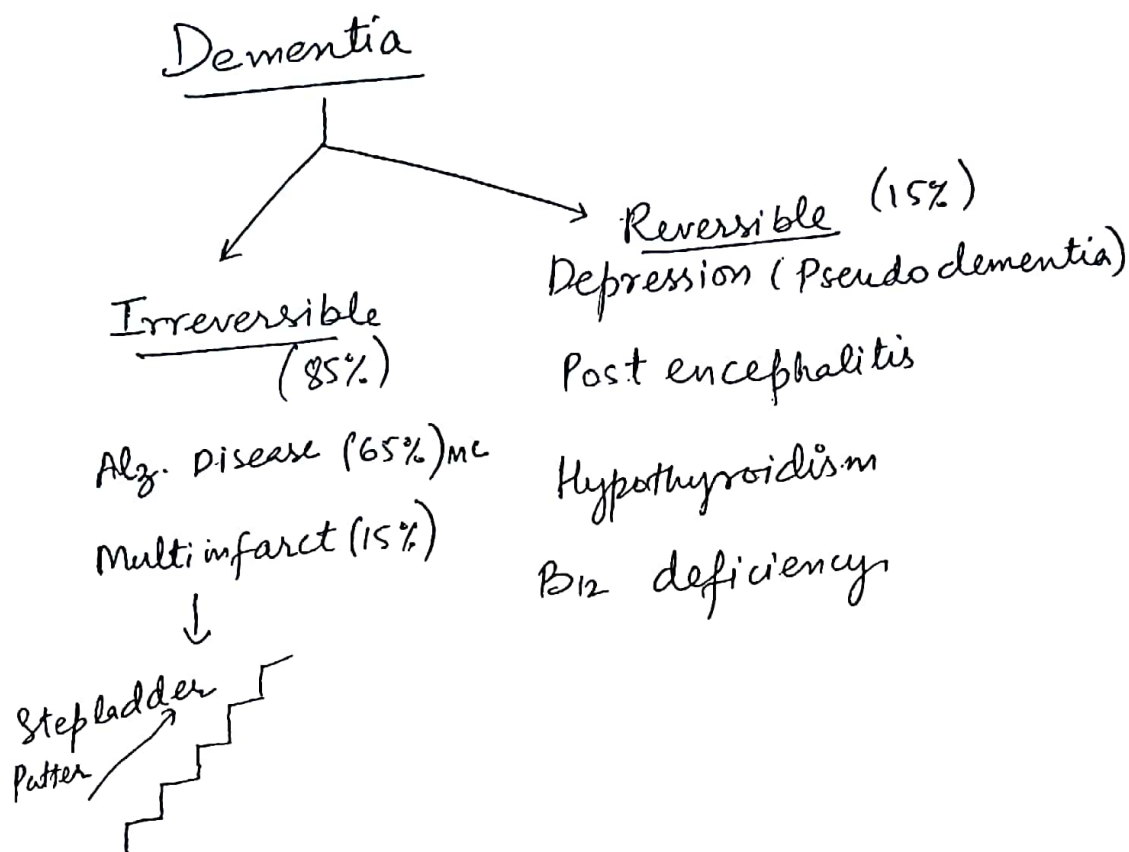
Floccillation Aimless plucking ^{on} bed sheet
 \downarrow
 Sundowner Syndrome (seen in ICU Patients)

R_x
 =

Anti Psychotics - Risperidone (DOC)

BzD - Lorazepam (DOC)





Dementia is characterised by

Loss of memory

Apraxia → (motor symptoms)

Agnosia Not able to remember familiar faces
(Progn Prognosis)

Aphasia → (language)

Executive functions (S - O A P)
Sequence organising ↓ planning
Abstract

(2/4) indicative,

Pick disease → Frontal dementia
 ↓
 Personality dysfunction
 ↓
 Precedes loss of memory.

Sleep disorders

(S)

(H)

(I)

(P)

Sleep
awake
cycle

6-9/24 hours

Hypersomnia

> 9

Insomnia

< 6 hours

for 1 month

Parasomnia

Night - drivers, Police, doctors, etc.

Hypersomnia

→ 30 sec

Modafinil

↓ REM Latency

↳ Sleep paralysis - REM, ↓ Tone.

↳ Sleep attack (MC)

↳ Hypnopompic/Hypnagogic hallucination

↳ Cataplexy -

Sudden loss of tone in Response to an emotional Stimuli

Hypno → Sleep. Hypnagogic
 ↓
 Hallucinations during sleep.

Cataplexy - Loss of tone on emotional events.

Rx
 ≠ Modafinil.
 [α1 adrenergic Receptor antagonist]

Parasomnia

↳ Amnesia

Symptoms

Bruxism → grinding of teeth.

→ Rx mouth gag.

Somnambulism → Sleep walking

Somniloquy → Talking

Periodic limb movement.

Enuresis (< 5 years)

Night terror & nightmare

Night terror
(Pavor Nocturnus)
screaming
confused
Sleep
Amnesia

Night ~~mares~~
(nightmares)

REM
Bad dream
Recall ⊕

Rx
BzD - diazepam

Child Psychiatry

Tic disorder

Sudden, rapid, non-rhythmic stereotypical
motor or vocalisation

↓
e.g. Blinking
eyes

↓
e.g. cough or clearing throat
continuously.

coprolalia → Repeation of obscene words

Motor tic
+
Vocal tic
+
Coprolalia
+
Palilalia

⇒ [Gille de la Tourette syndrome]

Clonidine — ↓ S/E → Prefer during emergency.

Anti psychotic — Haloperidol (Dor)
Risperidone.

ADHD

[Attention Deficit and Hyperactivity d/o]

Hyperactivity

Impulsivity

Inattention / ↓ concentration / decline in school performance

DSM IV → < 7 years

DSM 5 → ≤ 12 years. &

ADHD is serious disorder \bar{c} social, academic effects.

R_x

STIMULANTS \longrightarrow METHYLPHENIDATE

Follow up $\xrightarrow{\text{for}}$ Substance abuse.

NON STIMULANTS \longrightarrow ATOMOXETINE, BUPROPION
CLONIDINE

Autism Spectrum disorder

\hookrightarrow Social interaction, Repetitive

DSM IV PDD Pervasive Development D/o

Autism
Leo Kanner
Communication
Social Interaction
Repetitive behaviour

Asperger Syndrome
HANS
Communication (N)
Social Interaction (N)
Repetitive behaviour *

Rett's

♀ only

② → 6-48 months

Regression milestone

Microcephaly

↓ Head circumference

Midline ^{wringing} ~~wringing~~ movements of hand
~~spasms~~Complications

Breath holding spells

Pneumonia/Pulmonary complications.

Seizures

Arrhythmias (cause of death)

Childhood
disintegration %

♂: ♀

20:1

Develop language	} Lost
will play	
Bowel control	

Personality disorder

≥ 18yrs adolescent or young adult

child psychiatry
opposition
deficient

Anti social

- They Like to break law
- No feel of guilt
- Lack of Remorse
- Conning

Conduct

Behaviour
Violence
Cruelty animal
Theft
Bullying
Truancy.

ODD

verbally abusive

ego syntonic rarely

Personality disorder

Odd, eccentric

Dramatic
Erratic
Impulsive

Anxious
Fearful

Personalities

Suspicious ← Paranoid

Schizoid

asocial,
Emotional
coldness

Schizotypal

will
Turn into

10% Schizophrenia

F/H/O

Magical thinking → "my words have power"

Borderline

Antisocial

Histrionic

Narcissistic

OCPD

Dependent

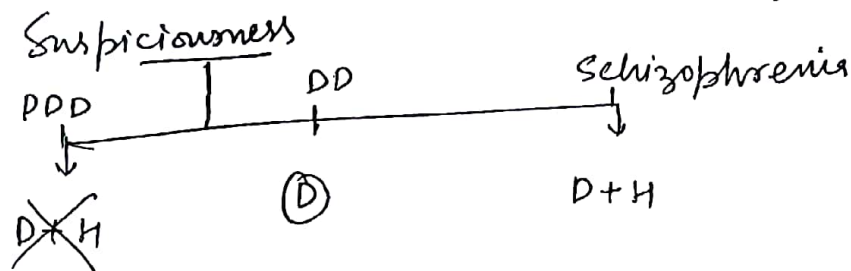
Anxious

Avoidant

Psychotherapy

Paranoid → Suspiciousness

Suspects → friends, strangers
keep grudges, attack Reputation
of others.



Borderline (Cyclothymia) • [Emotionally Unstable]

Parasuicide

Mood Swings

Idealization/Devaluation

Identity crisis

Defence mechanism ⇒ Projective Identification
Splitting.

Rx of Choice → Dialectical Behaviour
Therapy
Mentalization Based Therapy

Histrionic

More prone to somatisation.

↳ attention seeking

Talk, walk, drink → seductive

Shallow emotions

Narcissistic

self love

Sense of entitlement

Grandiose sense of self importance

Fantasies of unlimited success

Avoidant

(social phobia)

↳ fear criticism, feel inferior.

Preoccupied by rejection.

Rx "Assertiveness Training"

Dependent

Difficulty in making everyday decision

↳ they want others to take responsibility

OC PD [Obsessive Compulsive Personality Disorder]

Anakastic Personality disorder.

Perfectionist

Do not complete on time

Make lists / Rules

They are Rigid.

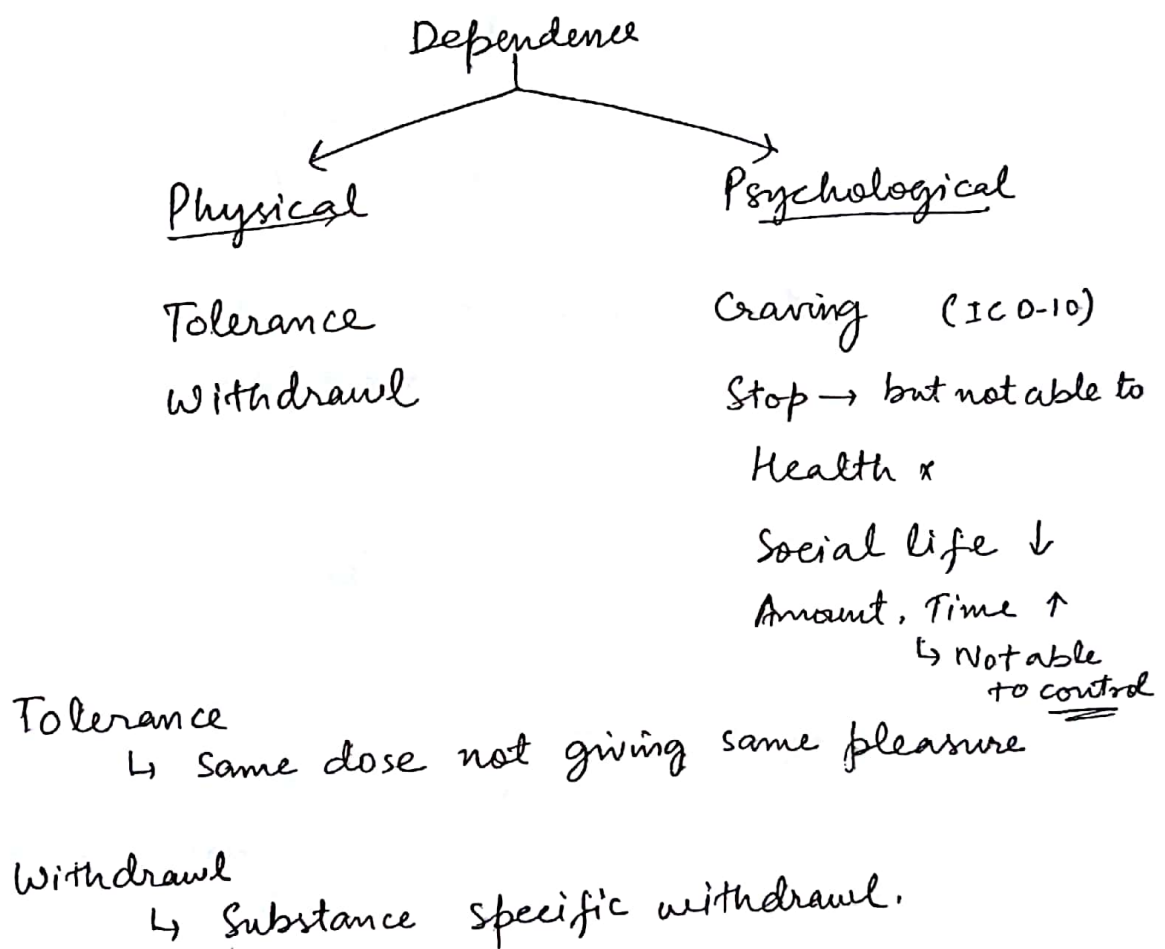
Substance use disorder

Abuse → Alcohol (mc)

Illicit/Illegal → Cannabis ~~procras~~

Dependence → Tobacco (mc substance of dependence)

Stimulant → caffeine



Withdraw peaks \bar{c} in 2-3 days

Tobacco

No diagnosis of Abuse or Intoxication
DSM 5

Dependence (+)

Withdrawal Symptoms

Bradycardia

Constipation

Paradoxical sleep

↓ Concentration

↑ weight

R_x

- Nicotine Replacement Therapy

↳ Patches

Gums

Lozenges

Spray

- BUPROPION
(DNRI)

- VARENICLINE

($\alpha 4 \beta 2$ Nicotinic Ach Receptor
partial agonist)

Alcohol

Withdrawal Symptoms

Tremors (6-8 hrs) (First sign)

Psychotic/Perceptual symptoms (in 8-12 hrs)

Seizures (in 12-24 hours) RUM FITS.

DT (Delirium tremors)

Rx Oral Chlordiazepoxide (Tremors)

Iv diazepam (seizures)

Iv Lorazepam (for delirium tremors)

Alcoholic hallucinations → Auditory

Clear consciousness

12-24 hours

(1-2 months)

Anticraving

FOA - Acamprosate

Naltrexone

Topiramate, Baclofen

Deferent

↓

Disulfiram rxns.

e.g. metronidazole

(12 hours)

Intoxication -

20 - 30 mg/dl → (↓ thinking)

80 - 200 mg/dl → Ataxia

200 - 300 mg/dl → Black out

300 mg/dl — death

OpioidsWithdrawal

Pain

Yawning

↑ Secretions

Mydriasis

Heroin

Brown Sugar

Smack

Morphine

Pentazocine

Propoxyphene

Codeine

Intoxication

Respiratory depression

Pin point pupil.

Maintenance programme → Buprenorphine, Methadone
 Detoxification } clonidine

Antagonists → [Intoxication → Naloxone
 Prevention relapse → Naltrexone

MC withdrawal of Caffeine → Headache, fatigue

Cannabis

Bhang	Charas	Ganja	M	H
1%	10-15%	4-5%		40%

Intoxication - Redness of eyes (conjunctival congestion)

Tachycardia / Restlessness

↑ Thirst / ↑ Sweat

Withdrawal → Anxiety, nervousness, Insomnia, vivid dreams.

- Amok
- Flashback
- Anxiety
- Psychosis
- Amotivational syndrome.
- HEMP insanity

Cocaine

[Amphetamine]

↓

Schizophrenia

LSD

Reflex

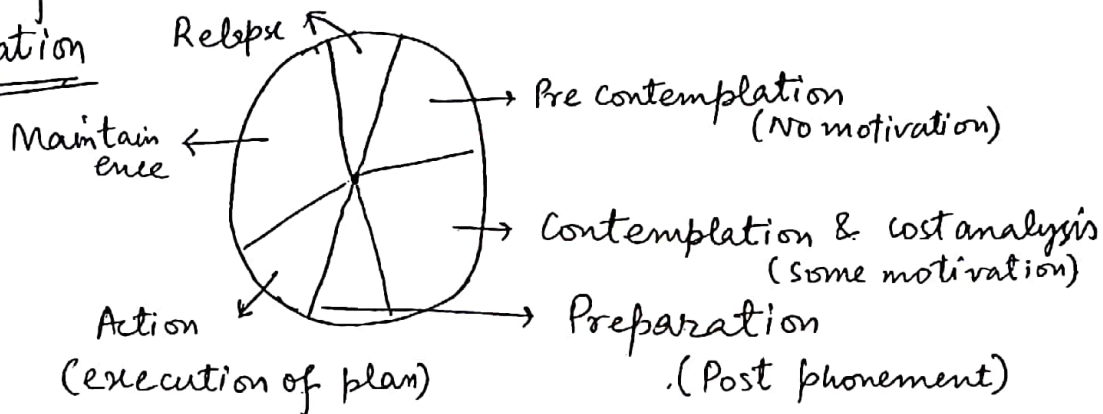
Flashback

Prochaska & Diclemente (1983)



Studied alcohol patients

Stages of Motivation



Date Rape drugs

[Ketamine
GHB (gamma Hexene butyrate)
Roofie (Flunitrazepam)

Alcohol

Rave/club

Methamphetamine → M C drug for Hospitalisation